



Outpatient Services • Adult Day Health Care Centers

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ADHC Service Days Policy Update

Effective for dates of service on or after May 1, 2006, Adult Day Health Care (ADHC) services will be authorized per calendar month on a *Treatment Authorization Request* (TAR) for up to six months. ADHC centers must specify each calendar month and the number of days requested for that calendar month on a separate line of the TAR. Approved ADHC services may be rendered on any day of the approved calendar month as long as the total number of days attended by the participant does not exceed the number of days authorized for that calendar month, with the exception of carry-over days.

This updated information and additional information about carry-over days was reflected in manual replacement pages adu 3 (Part 2), adu ex 2 thru 4 (Part 2) and adu tar ipc 1, 5 and 6 (Part 2), which were included in the April Medi-Cal Update.

Providers Receiving RAD Messages for Over-One-Year Claims

Effective May 1, 2006, providers will no longer receive acknowledgement, approval or denial letters for claims submitted more than 12 months from the month of service and that meet established late submission requirements. Such claims will be noted on a *Remittance Advice Details* (RAD) with a message indicating the status of the claim.

The policy described above applies only to original claims delayed over one year from the month of service due to court decisions, fair hearing decisions, county administrative errors in determining recipient eligibility, reversal of decisions on appealed *Treatment Authorization Requests* (TARs), Medicare/Other Health Coverage delays or other circumstances beyond the provider's control, and were subsequently sent to EDS' Over-One-Year Unit.

This updated information is reflected on manual replacement page ub sub 3 (Part 2).

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Remove and replace: hcpcs iii 1/2 *
 oth hlth cpt 1/2 *
 ub sub 3/4, 5/6 *

* Pages updated due to ongoing provider manual revisions.